

FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19094

Registration District No. 324

Primary Registration District No. 372

Registrar's No. 96

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution Ethel South Convalescent Home
(d) Length of stay in hospital or institution 5 days
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Gillum
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Aura Louise Baker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1946 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 21 1946 to May 23 1946
that I last saw her alive on May 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
Duration _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14-1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 11
If less than one day _____ min.

9. Birthplace Arrow Rock Mo
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Norton Albrecht

13. Birthplace Pentucky
(City, town or county) (State or foreign country)

14. Maiden name Alice Ann Veit

15. Birthplace Port Run, Port Run
(City, town or county) (State or foreign country)

16. (a) Informant Mrs Frances Burr
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 5-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gillum Mo

18. (a) Signature of funeral director James A. Keel
(b) Address Marshall Mo

19. (a) 5-29-46 (b) Mrs. T. O. Weathers
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James A. Keel (M.D. or other) _____
Address Marshall Mo Date signed May 27 '46

PHYSICIAN

Underline the cause to which death should be charged statistically.

6-11-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 3143
P. O. Address. Slater, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.